

[Roll No. 557]

## YEAS—336

Abercrombie  
Ackerman  
Allen  
Andrews  
Archer  
Armey  
Bachus  
Baker  
Baldacci  
Baldwin  
Ballenger  
Barcia  
Barr  
Barrett (NE)  
Barrett (WI)  
Bartlett  
Barton  
Bass  
Bateman  
Becerra  
Bentsen  
Bereuter  
Berkley  
Biggart  
Bilirakis  
Bishop  
Blagojevich  
Bliley  
Blumenauer  
Blunt  
Boehkert  
Boehner  
Bonilla  
Bono  
Boswell  
Boucher  
Boyd  
Brady (TX)  
Brown (FL)  
Brown (OH)  
Bryant  
Burr  
Buyer  
Calvert  
Camp  
Campbell  
Canady  
Cannon  
Capps  
Capuano  
Cardin  
Castle  
Chabot  
Chambliss  
Chenoweth-Hage  
Clayton  
Clement  
Coble  
Collins  
Combest  
Condit  
Conyers  
Cook  
Cooksey  
Cox  
Coyne  
Cramer  
Crowley  
Cubin  
Cummings  
Cunningham  
Danner  
Davis (FL)  
Davis (IL)  
Davis (VA)  
Deal  
DeGette  
Delahunt  
DeLauro  
DeLay  
DeMint  
Deutsch  
Diaz-Balart  
Dicks  
Dingell  
Dixon  
Doggett  
Dooley  
Doolittle  
Doyle  
Dreier  
Duncan  
Dunn

Edwards  
Ehlers  
Ehrlich  
Emerson  
Eshoo  
Etheridge  
Evans  
Ewing  
Farr  
Fattah  
Fletcher  
Foley  
Forbes  
Ford  
Fossella  
Fowler  
Frank (MA)  
Franks (NJ)  
Frelinghuysen  
Frost  
Gallegly  
Ganske  
Gejdenson  
Gekas  
Gephardt  
Gilchrest  
Gillmor  
Gliman  
Goode  
Goodlatte  
Goodling  
Goss  
Graham  
Granger  
Green (TX)  
Green (WI)  
Greenwood  
Hall (OH)  
Hall (TX)  
Hansen  
Hastings (WA)  
Hayes  
Hayworth  
Herger  
Hill (IN)  
Hobson  
Hoeffel  
Hoekstra  
Holden  
Holt  
Horn  
Hostettler  
Houghton  
Hoyer  
Hyde  
Inslee  
Istook  
Jackson (IL)  
Jefferson  
Jenkins  
John  
Johnson (CT)  
Johnson, E. B.  
Johnson, Sam  
Jones (NC)  
Jones (OH)  
Kanjorski  
Kaptur  
Kelly  
Kennedy  
Kildee  
Kilpatrick  
Kind (WI)  
King (IL)  
Kingston  
Kleczka  
Knollenberg  
Kuykendall  
LaFalce  
LaHood  
Lampson  
Lantos  
Largent  
Larson  
Latham  
LaTourette  
Lazio  
Leach  
Lee  
Levin  
Lewis (CA)  
Lewis (KY)  
Linder

Lofgren  
Lowey  
Lucas (KY)  
Lucas (OK)  
Luther  
Maloney (CT)  
Maloney (NY)  
Manzullo  
Martinez  
Mascara  
Matsui  
McCarthy (MO)  
McCarthy (NY)  
McCollum  
McGovern  
McHugh  
McInnis  
McIntosh  
McIntyre  
McKeon  
McKinney  
Meehan  
Meeks (NY)  
Menendez  
Metcalf  
Mica  
Millender-  
McDonald  
Miller (FL)  
Miller, Gary  
Minge  
Mink  
Moakley  
Moran (KS)  
Morella  
Murtha  
Myrick  
Nadler  
Napolitano  
Neal  
Nethercutt  
Ney  
Northup  
Norwood  
Nussle  
Obey  
Oliver  
Ose  
Owens  
Oxley  
Packard  
Pascarell  
Paul  
Payne  
Pease  
Pelosi  
Peterson (PA)  
Petri  
Phelps  
Pickering  
Pitts  
Pombo  
Pomeroy  
Porter  
Portman  
Price (NC)  
Pryce (OH)  
Quinn  
Radanovich  
Rangel  
Regula  
Rivers  
Roemer  
Rogers  
Rohrabacher  
Ros-Lehtinen  
Rothman  
Roukema  
Roybal-Allard  
Royce  
Rush  
Ryan (WI)  
Ryun (KS)  
Salmon  
Sanchez  
Sanders  
Sandlin  
Sanford  
Saxton  
Schakowsky  
Sensenbrenner  
Serrano  
Sessions

Shadegg  
Shaw  
Shays  
Sherman  
Sherwood  
Shimkus  
Shuster  
Simpson  
Sisisky  
Skeen  
Smith (MI)  
Smith (NJ)  
Smith (TX)  
Smith (WA)  
Snyder  
Souder  
Spence  
Spratt  
Stabenow  
Stearns

Stenholm  
Stump  
Sununu  
Sweeney  
Talent  
Tanner  
Tauscher  
Tauzin  
Taylor (NC)  
Terry  
Thomas  
Thune  
Thurman  
Tiahrt  
Tierney  
Toomey  
Towns  
Traficant  
Turner  
Upton

Velazquez  
Vento  
Vitter  
Walden  
Walsh  
Watkins  
Watt (NC)  
Waxman  
Weiner  
Weldon (FL)  
Wexler  
Weygand  
Whitfield  
Wilson  
Wolf  
Woolsey  
Wynn  
Young (FL)

## NAYS—59

Aderholt  
Baird  
Berry  
Billbray  
Borski  
Clay  
Clyburn  
Coburn  
Costello  
DeFazio  
Dickey  
English  
Everett  
Filner  
Gibbons  
Gutierrez  
Hastings (FL)  
Hefley  
Hill (MT)  
Hilleary

Hilliard  
Hinchev  
Hooley  
Hutchinson  
Klink  
Kucinich  
Lewis (GA)  
Lipinski  
LoBiondo  
Markay  
McDermott  
McNulty  
Miller, George  
Moore  
Oberstar  
Pallone  
Pastor  
Peterson (MN)  
Pickett  
Ramstad

Riley  
Rogan  
Sabo  
Schaffer  
Scott  
Stark  
Strickland  
Stupak  
Taylor (MS)  
Thompson (CA)  
Thompson (MS)  
Udall (CO)  
Udall (NM)  
Visclosky  
Wamp  
Waters  
Weller  
Wicker  
Wu

## ANSWERED "PRESENT"—2

Carson  
Tancredo

## NOT VOTING—36

Berman  
Bonior  
Brady (PA)  
Burton  
Callahan  
Crane  
Engel  
Gonzalez  
Gordon  
Gutknecht  
Hinojosa  
Hulshof  
Hunter

Isakson  
Jackson-Lee  
(TX)  
Kasich  
Kolbe  
McCrery  
Meek (FL)  
Mollohan  
Moran (VA)  
Ortiz  
Rahall  
Reyes  
Reynolds

Rodriguez  
Sawyer  
Scarborough  
Shows  
Skelton  
Slaughter  
Thornberry  
Watts (OK)  
Weldon (PA)  
Wise  
Young (AK)

## □ 1059

Mr. EVERETT changed his vote from "yea" to "nay."

Mr. METCALF changed his vote from "nay" to "yea."

So the Journal was approved.

The result of the vote was announced as above recorded.

Stated for:

Mr. HINOJOSA. Mr. Speaker, on rollcall No. 557, approving the Journal, I was unavoidably detained. Had I been present, I would have voted "yea."

## □ 1100

## PERSONAL EXPLANATION

Mr. MEEKS of New York. Mr. Speaker, unfortunately due to a family emergency I was not able to vote yesterday. Had I been here in reference to H. Con. Res. 213, I would have voted "yes." H. Res. 59, I would have voted "yes." H. Res. 3164, I would have voted "yes." And H. Res. 349, I would have voted "yes."

## MOTION TO INSTRUCT CONFEREES ON H.R. 2990, QUALITY CARE FOR THE UNINSURED ACT OF 1999

Mr. DINGELL. Mr. Speaker, I offer a motion to instruct conferees on the bill (H.R. 2990) to amend the Internal Revenue Code of 1986 to allow individuals greater access to health insurance through a health care tax deduction, a long-term care deduction, and other health-related tax incentives; to amend the Employee Retirement Income Security Act of 1974 to provide access to and choice in health care through association health plans; to amend the Public Health Service Act to create new pooling opportunities for small employers to obtain greater access to health coverage through HealthMarts; to amend title I of the Employee Retirement Income Security Act of 1974, title XXVII of the Public Health Service Act, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage; and for other purposes.

The SPEAKER pro tempore (Mr. LATOURETTE). The Clerk will report the motion.

The Clerk read as follows:

Mr. DINGELL moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 2990 be instructed to insist on the provisions of the Bipartisan Consensus Managed Care Improvement Act of 1999 (Division B of H.R. 2990 as passed by the House), and within the scope of conference to insist that such provisions be paid for.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. DINGELL) and the gentleman from Virginia (Mr. BLILEY) each will control 30 minutes.

The Chair recognizes the gentleman from Michigan (Mr. DINGELL).

Mr. DINGELL. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, we will be shortly appointing conferees to the bipartisan Managed Care Improvements Act. Earlier this month, the House by an overwhelming bipartisan vote of 275-151 approved a strong bill to protect patients' rights. Before voting on final passage, the House rejected three substitutes. We will shortly be going to conference with the Senate.

It will be noted that a number of the conferees appointed by the Senate and perhaps by the Speaker may not have shared the position of the House and in fact have voted against the bill. That is why this bipartisan motion to instruct is so important. It is a reminder to our conferees that the House voted for strong protections for patients and rejected weaker ones. This instructs the conferees to support the position of the House.

Specifically, it is a proposal that covers all health plans, not just a limited few. We want a bill that lets the doctors decide what is in the best interest of the patient, not health insurance bureaucrats. We want a bill that has a

strong independent review of HMO decisions. We want a bill that is going to address the unfortunate case when your HMO causes an injury or wrongful death, that the HMO will be responsible like any other business in America. The Senate bill does none of these things.

The motion which I am offering jointly with the gentleman from Georgia (Mr. NORWOOD) and the gentleman from Iowa (Mr. GANSKE) reminds our House conferee Members to insist on strong patient protections. The motion is also fiscally responsible. It instructs House conferees to assure that the bill will be fully paid for. The President said that he will not sign a bill which is not fully paid for. The House can do no less than to see to it that the bill we send to the President is fully paid for, as he insists.

Mr. Speaker, I reserve the balance of my time.

Mr. BLILEY. Mr. Speaker, I yield myself 5 minutes.

Last month, this House passed H.R. 2990, the Quality Care for the Uninsured Act, and I was proud to support this measure. I said before the final passage of this legislation that there was nothing of greater importance that this body can do in the area of health care than to help those who do not have health coverage gain access to affordable care.

I continue to believe in and look forward to working with the Senate on our proposals to provide tax relief to the uninsured and to the self-employed. I also look forward to working on the proposals to provide new options for small employers to gain coverage through HealthMarts. The House also passed H.R. 2723, the bipartisan Consensus Managed Care Improvement Act of 1999, the so-called Norwood-Dingell bill.

In accordance with the rule that governed floor consideration of these two measures, the text of H.R. 2723 has now been included in H.R. 2990. The motion to instruct we are debating today seems harmless enough. It instructs conferees to insist on the provisions included in the House-passed managed care bill when negotiating with the Senate and also to insist that this measure be paid for.

However, I must oppose this motion. First, we are sending a strong team in to negotiate with the Senate. I recognize there are significant differences between the two bills that need to be reconciled, but I do not feel it is appropriate to tie the conferees' hands in any way prior to entering those negotiations. What kind of a message does it send our Senate colleagues if we give last-minute instructions that may hinder our negotiating ability? This could be interpreted improperly as a vote of no confidence on behalf of the House and would seriously weaken our negotiating position.

Second, as the contentious debate over the Norwood-Dingell bill last month indicated, there are significant policy differences that divide Members of this body in the area of patient protections. I did not support final passage of this measure because I believe it goes too far by allowing patients to sue their health plans in State courts. I also fear it will ultimately be very costly and cause the number of uninsured to grow even more.

However, I do respect the will of the majority in passing the Norwood-Dingell bill. That said, I do not believe it is appropriate at this time to instruct conferees to insist that all the provisions of the Norwood-Dingell bill be included in the conference package. By its very nature, a conference requires compromise in order to be successful. Again, I oppose tying the hands of our conferees before we ever get to the negotiating table with our Senate colleagues.

Mr. Speaker, I am anxious to begin our negotiations with the Senate to craft a reasonable bipartisan compromise of our respective managed care bills. I want these negotiations to be free of any unnecessary instructions that may limit Members' ability to engage in free and open dialogue with the Senate regarding these important policy decisions. For this reason, I oppose this motion and ask my colleagues to do the same.

Mr. Speaker, I reserve the balance of my time.

Mr. DINGELL. Mr. Speaker, I yield 1 minute to the distinguished gentleman from California (Ms. ESHOO).

Ms. ESHOO. I thank the distinguished ranking member of the Committee on Commerce for yielding me this time. Mr. Speaker, when we passed the bipartisan patients' bill of rights on October 7, we made a commitment to the American people to reform the managed health care system in our country. Webster's dictionary defines reform as, quote, "to put an end to a harm by introducing a better method or course of action."

The Senate bill does not provide a better course of action. Rather, its weak consumer protections continue to allow HMOs to sacrifice quality and reliability for profits. As we go to conference with the Senate, we must insist that the basic consumer protections included in the House-passed patients' bill of rights are retained, the guaranteed access to specialists at no additional cost, the access to saving clinical trials, the assurances that medical decisions are made by physicians, not insurance bureaucrats, the direct access to OB-GYN services, the ability to hold our health plans accountable in court when its decisions to withhold or limit care cause injury or death. I urge my colleagues to vote yes on the Dingell motion to instruct conferees.

Mr. BLILEY. Mr. Speaker, I yield 4 minutes to the gentleman from Cali-

fornia (Mr. THOMAS), chairman of the Subcommittee on Health of the Committee on Ways and Means.

Mr. THOMAS. Mr. Speaker, I thank the Chairman, the gentleman from Virginia for yielding me the time. I just think that in case someone thinks that what we are doing here is significant and important, you have to understand under the rules that either body, the House or the Senate, in this case the House, can instruct its conferees; and this is a motion to instruct. It has no binding on a conference between the House and the Senate. It is an attempt on the part of the folks who offered the motion to try to tilt the relationship between the House and the Senate.

Now, the measure that we are taking to conference was already debated and voted on in the House and we passed it, so the House's position is well known. The motion to instruct is to, in fact, insist on the provisions of the bipartisan Consensus Managed Care Improvement Act. But there is no way that this motion to instruct can make anything happen. Remember in the Constitution in article 1, coming from the old Connecticut compromise between the large States and the small States, that both were concerned about the powers, and so there was created the concept of two separate Houses, one based upon geography, two representatives, or Senators, from each State and one based upon population, which continues to grow. There is no limit on the size of the House; it is tied to the population of the United States. And so you have State interests; and remember, initially under the Constitution, those Senators were appointed by State legislatures.

Now, the Senate is an entirely different body than the House. They have different rules. They are elected in a different way. And so when the House and the Senate come together in a conference, it is because the Constitution says that the House and the Senate have to agree exactly on the same piece of legislation that is then sent to the President; and if they cannot agree, then notwithstanding the effort in both the House and the Senate, the legislation passed in both the House and the Senate does not go anywhere.

So our job as conferees will be to go over with the Senate and sit down, equal bodies, both with the same ability to pass a piece of legislation but both of us helpless if we cannot come together. The House-passed one cannot get to the President; the Senate-passed one cannot get to the President unless the House and the Senate agree. And you have already heard the significant difference between the Senate-passed bill and the House-passed bill.

So what we are going to have to do is something that is uniquely American in terms of the political environment.

That is, from the very beginning, decisions made in this country in part, because of the two fundamentally different houses, has been based on accommodation and compromise. We cannot go anywhere without accommodation and compromise. The Senate feels strongly about their position. They passed it. There is a majority backing their position.

The House feels strongly about its position, those who voted for that measure. They had a majority backing them. But when we go to conference, if the House's position is, United States Senate, we don't care what you did, we're not going to look at what you're going to do, you have to accept everything in our bill, that is exactly the position that we take, and we ain't changing it. How successful do you think that is going to be? It is kind of absurd. So understand, this is a political exercise.

There is no reason to vote this motion to instruct. We have the bill; let us get on with our work. Let us vote down the motion to instruct. Let us not insult the Senate the very first day we are supposed to sit down with them and try to reconcile the differences between the two bills. Let us live up to what the American people expect us to do, sit down, accommodate, compromise, produce a good product and get it to the President, instead of posturing as this motion to instruct clearly is. Vote "no."

Mr. DINGELL. Mr. Speaker, I yield 2 minutes to my good friend, the gentleman from Iowa (Mr. GANSKE), who has worked very, very hard on this matter.

Mr. GANSKE. Mr. Speaker, I rise in support of this motion to instruct. I have always considered the Speaker of this House to be my friend and mentor, my coach. In urging him to run for Speaker, I did so because I considered him to be fair and to play not just by the letter of the rule but by the spirit of the rule as well. The Speaker and I are old wrestlers. One of the great things about wrestling is that you win or lose on the mat, not by selecting the referee.

□ 1115

If the Speaker as coach had a referee steal a deserved victory from one of his wrestlers, he would have lost respect for that referee. Well, the Patient Protection Act won on the mat 275 to 151. As the GOP authors of this bill, the gentleman from Georgia (Mr. NORWOOD) and I should be named conferees. To technically deny us our spots would be to violate the spirit of naming conferees. To not name us as conferees would be like a referee disqualifying a wrestler for a legal move.

Mr. Speaker, your leadership rests on a small majority, and that rests on respect. If you deny the gentleman from Georgia (Mr. Norwood) and I our spots

as conferees, you will be endangering that respect. Payne Stewart and Walter Payton's legacies rest just as much on the respect of their colleagues as honorable men as it did for their feats on the field.

Two hundred years ago Thomas Jefferson said that democracy rested not on leadership's sleight of hand, but on the active participation of its citizens. The House has spoken unequivocally on which bill it prefers for patient protection. I would hope that the conferees you name would reflect that decision.

It is rumored that not one of the GOP Members to be named as conferees voted for the Patient Protection Act. If that is the case, then, Mr. Speaker, you are relying on sleight of hand that Thomas Jefferson warned against.

Mr. SHADEGG. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. LAZIO).

Mr. LAZIO. Mr. Speaker, I think this motion to recommit should be defeated for the following reasons. I think the gentleman from California laid out some of the reasons in terms of giving the conferees the maximum flexibility to get the best possible bill.

Let me give you one example as to why we need to provide flexibility for the conferees. Cancer patients have been waiting for years for the ability to have insurance companies pay for routine, routine, care for clinical trials. Under Dingell-Norwood the most important clinical trials that are conducted, FDA-approved clinical trials, fall outside the scope of the requirement for insurance companies to pay for routine care.

The conferees need to have the maximum flexibility to strengthen and improve this bill. Nobody, Mr. Speaker, in the end has got a market on all the wisdom on health and insurance, HMO reforms. We have to give our conferees the maximum flexibility to get the best possible bill for cancer patients and for others looking for our guidance.

Mr. DINGELL. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from California (Mr. STARK).

Mr. STARK. Mr. Speaker, I thank the distinguished gentleman for yielding me time.

Mr. Speaker, I am pleased that we are going to conference for the managed care reform bill. It is clearly the wish of the majority that the House bill as passed be enacted into law. Under the rules of the House, the Speaker is directed to appoint Members, and no less than a majority who generally supported the House position, as determined by the Speaker.

It is quite clear what the House position was. The conferees have not been appointed according, to my understanding, to that rule, and that does in fact necessitate our insisting that we hold to the position of the House. That

is what you do in a democracy. The winner's position is the law and people should obey it.

The public wants this. They have spoken. Whatever the Senate or the other body may have or have not done is not our issue. We are here to see that we fulfill the wishes of the vast majority of this body representing the vast majority of Americans, I believe it is close to 80 percent, who favor the strongest possible managed care control bill. The distinguished authors of this bill have done that, the House has worked its will, and it is our job to carry it out.

It is my hope that the leadership will not frustrate this by slowing down, stalling, postponing the conference in other procedural moves, which is their prerogative. But I suggest they do so and they will incur the wrath of many Americans who are denied adequate and fair treatment from many managed care plans. They are the people who will be the losers if we do not insist on the House position and see that it prevails.

Mr. SHADEGG. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Tennessee (Mr. BRYANT).

Mr. BRYANT. Mr. Speaker, I thank the gentleman for yielding me time.

Mr. Speaker, reluctantly I must rise in opposition to this motion. I have a great deal of respect for the senior Member in this Congress, the gentleman from Michigan (Mr. DINGELL), who cosponsored this bill with other people I have tremendous respect for, the gentleman from Georgia (Mr. NORWOOD) and other primary sponsors, the gentleman from Iowa (Mr. GANSKE), who are undoubtedly experts in this area of health care.

Likewise, I have great respect for other positions in this body who supported other measures, the gentleman from Oklahoma (Mr. COBURN), the gentleman from Florida (Mr. WELDON), the gentleman from Kentucky (Mr. FLETCHER), and the gentleman from Arizona (Mr. SHADEGG), a cosponsor of the Shadegg-Coburn bill which I voted for.

There is no perfect bill. Norwood-Dingell is not a perfect bill. Shadegg-Coburn contained many good provisions I think that ought to be considered. One hundred-fifty Members supported that bill, and, as we move toward a conference, we have to look to the Senate and look at the bill that they have got. They have got some good ideas there too.

My concern is that we all I think agree that we want to be able to have patients that are under managed care to receive the best quality treatment that they can get, and we want the managed care groups that manage this care and the costs associated with that to be accountable in some way. All of these bills do that.

We want to do all these things, while making sure we do not make it so expensive that we chase employers, people who provide insurance to their employees, that we do not chase them out of the market and add more employees to that list of uninsured. Already in this country we have 44 million people who do not have medical insurance, and we do not want to add to that list. So we have a great balancing act that we must accomplish here, and, as we move towards conference, I think we can do that.

I think we can make this bill a better bill. But we do not do that, and the reason I rise in opposition to this motion, is we do not do that by unduly restricting our negotiators, tying their hands, because there are other good ideas in this House, there are other good ideas in the Senate, and it is at that point that our rules provide that we sit down and negotiate in the interest of all Americans interested in health care, we do so on a good faith basis, not with our hands tied, and come up with a more perfect bill. I think we can do that if we do not pass this motion.

I urge my colleagues to vote against this motion to instruct conferees, with the trust and assurance that we can make this bill an even better one for the American people.

Mr. DINGELL. Mr. Speaker, I am happy to yield 2 minutes to the distinguished gentlewoman from New Jersey (Mrs. ROUKEMA), who has displayed extraordinary courage and diligence and vigor throughout this matter.

Mrs. ROUKEMA. Mr. Speaker, I thank the gentleman for yielding me time.

Mr. Speaker, I rise in strong support of this motion to instruct. I want the people in this House to understand what we are doing here. We are saying we support the House bill, which covers 161 million Americans, that is all the Americans in this country who are covered by insurance plans whereas the bill from the Senate discriminates against our people based on the state from which you come. The Senate legislation only covers 48 million Americans. So remember that when you vote on this. That is one of the reasons this bill passed overwhelmingly with bipartisan support in the House. Lets not discriminate. We must cover all 161 million insured constituents.

Finally, I just want to point out something. If you have any doubt about the backlash and the politics out there among your constituents, just look at this week's Newsweek Magazine (November 8, 1999). If you cannot see it, I will read it to you. "The war over patient rights. HMO hell."

Then it says in the body of the article, "From the Capitol to the kitchen tables, from frustration with HMOs to worries about health care, it is topic A, and the patients are ready to rumble."

Again, reading from this Newsweek magazine, "H.M.O. Hell: The Backlash."

Mr. Speaker, I say we have to support the House position and go to conference with this motion to instruct in the interests of our patients who are suffering a rationing of professional care.

Mr. SHADEGG. Mr. Speaker, I yield myself 30 seconds.

Mr. Speaker, I have the same edition of Newsweek Magazine and noted various things in it, including the fact that it pointed out that access to specialists is denied much more frequently by HMO plans than by fee-for-service plans. But I wonder if the last speaker, who is supporting the motion to instruct, understands that that motion to instruct puts fee-for-service plans under the same regulation as HMO plans? That is, they impose the same regulatory burdens on fee-for-service, which is treating people well, according to this magazine article, as it does to HMOs.

I suggest that sticking to the motion to instruct and tying our hands is not the right answer.

Mr. DINGELL. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. Mr. Speaker, there are two obvious reasons why this motion to instruct the conferees to support the Norwood-Dingell bill should be supported. The first is that the Norwood-Dingell bill provides meaningful patient protections, whereas the Republican leadership bill in the other body is a sham proposal designed to protect the insurance industry.

The second is that the vote in the House on the Norwood-Dingell bill was one of overwhelming support and fairness demands that that vote be reflected in the conference.

When it comes to the substance of the bills, my colleague from New Jersey pointed out that the partisan bill passed by the GOP in the other body excludes more than 100 million people from its provisions. It applies only to people in self-funded plans. These types of plans are typically offered only by large employers and cover only 48 million Americans. The Norwood-Dingell bill, on the other hand, applies to all 161 million privately insured Americans.

The differences between the bills though run a lot deeper than this gross disparity in the coverage. The protections in the Norwood-Dingell bill are vastly superior to those limited protections proposed by the GOP leadership in the other body.

Just as some examples, the GOP leadership bill in the Senate provides no guarantees that if you have to go to the nearest emergency room in a situation where you have an emergency, that is going to be covered or you will

not have to foot the bill yourself. In the Norwood-Dingell bill, if you go to the nearest emergency room, you are going to be covered.

The GOP leadership bill does not guarantee direct access to OB-GYN for women. The Norwood-Dingell bill does. The leadership bill does not guarantee access to specialists out of the network, but the Norwood-Dingell bill does. The GOP leadership bill allows HMOs to continue to define what type of care is medically necessary. The Norwood-Dingell bill allows doctors and patients to make that determination, not the insurance company bureaucrats.

Finally, the GOP leadership bill does not provide for an independent external appeals process. The Norwood-Dingell bill does.

In addition to that, the gentleman from Michigan (Mr. DINGELL) mentioned that the GOP leadership bill does not allow you to sue your HMO because it leaves the ERISA exemption from liability in place. The Norwood-Dingell bill sides with the patients and lifts this preemption, giving individuals the right to sue their HMOs when they are denied needed care and their health suffers as a result.

Support this motion to instruct the conferees.

Mr. SHADEGG. Mr. Speaker, I yield 5 minutes to the distinguished gentleman from Oklahoma (Mr. COBURN), one of the co-authors of a bill which could not be considered if this motion to instruct were adopted.

Mr. COBURN. Mr. Speaker, I thank the gentleman for yielding me time.

Mr. Speaker, I have less than a year left in this body, and if I could make a change in anything, I would return it 150 years earlier so that the trick that we are seeing today would not be used. I have the greatest respect for the gentleman from Michigan (Mr. DINGELL). He is a great politician, and rarely do I use that word in a positive sense in my lifetime. But I want to tell you what this motion does.

What this motion does is it is going to allow the unions and the trial lawyers to run the hospitals, based on the clause that is in this as far as whistle blowers. It is a totally unneeded portion of the bill, but was put in to build constituencies and consensus.

□ 1130

It will ruin quality assurance in all the hospitals. There is no question in my mind about that.

Number 2, the gentleman from Michigan (Mr. DINGELL) said at the outset that we were mainly interested in patients. I happen to be qualified because I voted for the bill of the gentleman from Georgia (Mr. NORWOOD) and the gentleman from Michigan (Mr. DINGELL) when it left the House. I am one of that 270.

I voted for it for one purpose, I think we need to have some action. With this

motion to commit, there will be no health care bill for my patients. There will be no right to go after our HMO, if we follow this motion to commit, because there will be no combined bill, no compromise, and therefore, the President will never get to sign a bill out of this conference.

If that is what we want to accomplish, and we want to use that as a political pawn in the next year's debate over who should be in control of Congress, then that is a legitimate thing. But it ought to be said that that is what it is for.

That is not what a motion to instruct should be for. A motion to instruct should be, take out the whistleblower. Give the members of the committee, the conference committee, the ability to do what is right for our patients and for our country, not what is right for the Republican or the Democrat party.

The gentleman from Georgia (Mr. NORWOOD) deserves a lot of credit for his work in this body. He worked, worked, worked. We have a health care bill on this floor because because of the courage of the gentleman from Georgia (Mr. NORWOOD); not for any other reason, because of the courage of the gentleman from Georgia. Let us not ruin a display of courage by making this a purely political ploy. That is what this is.

I was not going to speak against it, but Mr. Speaker, my patients, the people in this country, the people in my district who are under HMOs who have no right of recourse today against unqualified medical personnel making decisions about their health care, they have no right, and this bill that we are going to have has no adequacy of network whatsoever in it.

They do not even have to have an adequate network. The heck with specialists. They can say, I have a specialist, and they can have 1 and they need 200. This bill does not even address that. Do Members want to leave that that way in conference? No, they do not. I know they do not.

Let us talk about what this really is. This is a political ploy, partly because of the inappropriate, and I will agree, the inappropriate naming of conferees on this bill. I agree with that. But it is the wrong way to accomplish the purpose.

If we really care about patients, if we really want to solve the inequities in the health care system, and if we really want to solve the overall problem, which is opening up the market and allowing choice and markets to work in health care, Members will defeat this thing solidly.

Mr. DINGELL. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Connecticut (Ms. DELAURO).

Ms. DELAURO. Mr. Speaker, I thank the gentleman for yielding time to me.

Mr. Speaker, it is long past time for Congress to ensure that managed care

means quality care for American families. Doctors and patients must make medical decisions, not insurance companies. If a patient is wrongly denied care, there must be some accountability. We expect individuals to take responsibility for their actions in this country. HMOs should be no different.

We finally took up a Patients' Bill of Rights 4 weeks ago, but only after the Republican leadership was dragged there kicking and screaming. Republican leaders never wanted this debate because it was all too clear that they had chosen special interests over the national interest.

Finally, after 4 weeks, the GOP leadership is bringing up a motion to go to conference on this bill. I hope that despite the maneuvering of the Republican leadership, that the common sense and the bipartisanship of this bill will prevail.

Our colleagues from Michigan, Georgia, and Iowa teamed up to write a bipartisan balanced bill that protects patients' rights without undue burdens or threats to health care coverage. Now, after weeks of the GOP leadership's stall tactics, my good friend, the gentleman from Michigan, in conjunction with his Republican colleagues, is offering a motion to instruct that will insist upon the provisions of the bipartisan bill passed by the House on October 7, and upon offsetting the \$7 billion on the House floor to fully pay for the bill.

I urge my colleagues, vote yes on the motion to instruct. We need to ensure that patients have access to specialists, clinical trials, and OB-GYN services, among the many other patient protections that are found in the Norwood-Dingell agreement.

We cannot allow the watered-down Senate provisions to prevail. Vote yes on the motion to instruct.

Mr. DINGELL. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Ohio (Mr. BROWN).

Mr. BROWN of Ohio. Mr. Speaker, I thank the gentleman for yielding time to me.

Mr. Speaker, today we call upon the conferees for H.R. 2990 to insist on the House-passed version of the Patients' Bill of Rights. That is the portion of H.R. 2990 that reminds health insurers that if they want to get paid, they must actually provide a meaningful health insurance product, not a cheap imitation.

The Senate-passed bill may accomplish many things. It leaves out most Americans from coverage under the Patients' Bill of Rights. It may appease the insurance industry. It may provide cover for politicians who want to appear responsive to their constituents, when in fact they are too often catering to insurance industry lobbyists.

What the Senate bill does not do is the one thing it is supposed to do. It does not ensure that employers and

employees get what they pay for when they purchase insurance.

In fact, there are HMO fingerprints all over the Senate version of the Patients' Bill of Rights. Pivotal reforms like the right to see a doctor outside the HMO network and the right to sue when a health plan acts in bad faith are simply missing. Other reforms have been watered down to such an extent that patients may be no better off with them than without them.

Can anyone in this Chamber honestly say that that is what the public had in mind when it called for a Patients' Bill of Rights? If we ask the insurance industry which bill it prefers, there is no contest. The Senate bill would win. Managed care organizations take huge gambles, gambles they perceive as benign business decisions, with potentially harmful or even fatal consequences for their enrollees.

I join my colleague, the gentleman from Michigan (Mr. DINGELL), in urging the conferees to act in the best interests of the public and insist on the House-passed version of the Patients' Bill of Rights.

Mr. DINGELL. Mr. Speaker, I yield 1 minute to the distinguished gentleman from California (Mrs. CAPPS).

Mrs. CAPPS. Mr. Speaker, I rise in strong support of the motion to recommend conferees. The gentleman from Michigan (Mr. DINGELL), the gentleman from Georgia (Mr. NORWOOD), and the gentleman from Iowa (Mr. GANSKE) demonstrate real leadership on protecting patients.

I urge the House conferees to ensure that the Dingell-Norwood protections are included in the final bill. Patients and providers across this country have told us that HMO reform is their top priority.

Congress now has a real chance to enact managed care reform and to improve patient care. But time is running out. With only a few days left before Congress adjourns, the time has come to put patients ahead of profits. The conferees need to meet before Congress goes out of session, and Congress should enact the Norwood-Dingell bill.

Mr. SHADEGG. Mr. Speaker, I yield 5 minutes to the gentleman from Ohio (Mr. BOEHNER), the distinguished chairman of the Subcommittee on Employer-Employee Relations of the Committee on Education and the Workforce.

Mr. BOEHNER. Mr. Speaker, I thank my colleague for yielding time to me.

Mr. Speaker, I think all of us know that the motion before us is a non-binding motion of the House.

All of our colleagues understand clearly that this is an opportunity to have a political debate about the issue of health care reform in America. So let us have the political debate. But understand, this really does not mean anything.

But as we have gone through the whole issue of reforming health care

over the last 7 years or so, the debate has grown. We have focused the debate away from the uninsured to accountability of HMOs. I do not think there is any Member of the House who does not believe that there is a way to bring accountability, more accountability, to managed care if it is done in a reasonable way.

I think also we have learned over the last few years that when we start to bring accountability into the picture, we can get carried away with too much accountability that leads to less affordability for the American people, and we know that less affordability means less accessibility.

While we all want managed care reforms and we want more accountability, we know that the far greater problem in America today is the fact that we have 44 million people who have no health insurance at all. We know that if we do things that are going to raise costs, we are going to drive down access.

This is about a balance. We cannot consider access or accountability without considering affordability and accessibility. That is why the bill that left the House had a large access piece authored by my good friends, the gentleman from Arizona (Mr. SHADEGG) and the gentleman from Missouri (Mr. TALENT), that would help ensure we could address the growing problem of the uninsured in America.

The bill that I think the House passed will lead to more uninsured if we do not do something about increasing the access provisions that were called for in the Shadegg-Talent access bill.

Mr. Speaker, as we go to conference with the Senate, they have a completely different position, a much narrower bill. Some may argue they have a much more practical bill. What we as conferees have to do on behalf of the House is to find the right balance, find the right balance between accountability without driving employers out of the process, without driving up premium costs, and without driving more people into the ranks of uninsured, because what are these accountability measures going to mean to Americans if they have no health insurance? They mean nothing.

Mr. Speaker, let us go work with the Senate. Let us find the right balance between accountability, affordability, and accessibility. I think that is what the American people expect of their representatives on both sides of the aisle, is to find that right balance.

Mr. DINGELL. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from New Jersey (Mr. ANDREWS).

Mr. ANDREWS. Mr. Speaker, I thank my friend for yielding time to me.

Mr. Speaker, I rise in support of this motion. Mr. Speaker, if Members have ever lived in a neighborhood and they

want to build a shopping center in the neighborhood, Members would understand why we are here making this argument today.

If we have 100 of our neighbors together and two-thirds of them do not want the shopping center, and then we find out there is going to be a meeting at the town hall about whether to build the shopping center, and you have to pick seven of your neighbors to go represent your position, and someone says, let us take five people who want the shopping center and two who do not and send them to the meeting, I think most of us would say that that is ridiculous, the delegation we send from our neighborhood ought to reflect the sentiment of the neighborhood.

On October 7, 275 of us voted strongly in favor of holding managed care plans accountable, over 60 percent of the Members of the House. We are going to go negotiate with the other body over a bill that does not have similar accountability provisions. As one of the prior speakers said, it should be self-evident what the House's position is, and it is. Over 60 percent of us believe that there ought to be accountability provisions, consistent with Norwood-Dingell.

But we have every reason to believe that the delegation we are sending from our neighborhood is not going to reflect that point of view. It should reflect that point of view. The gentleman from Georgia (Mr. NORWOOD) should be one of those conferees, and the gentleman from Iowa (Mr. GANSKE) should be one of those conferees. But it appears that will not be the case.

The reason we are on the floor today is to tell our negotiating committee to keep in mind the sentiment of this neighborhood. We supported this legislation because the American people want accountability for health insurance companies. We are supporting this motion because the Members of this House want accountability from our conference negotiators. Support the motion.

Mr. SHADEGG. Mr. Speaker, I yield myself 3 minutes.

Mr. Speaker, the essence of this motion to instruct on its substance is very clear. It would bind the House conferees to the Norwood-Dingell version of the bill.

I would like to ask a series of questions of whether we really want to do that.

Let me begin with this one. The substitute offered on the House, one of the substitutes offered on the House side that did not pass allowed access to ambulance services. Norwood-Dingell did not. Would the proponents of this motion to instruct say we should not allow or guarantee access to ambulance services?

The substitute offered external appeal timelines that were shorter than Dingell-Norwood, getting people more

care even more quickly than Dingell-Norwood.

□ 1145

Do the proponents of this motion to instruct oppose an even shorter time period for special appeals, getting people care even more quickly?

The substitute that we offered we called for binding arbitration for those who did not want to go to court. There was no similar provision in Norwood-Dingell.

Did the proponents of this substitute which would bind us to Dingell-Norwood and Dingell-Norwood only say that we should not allow binding arbitration?

The substitute that we offered provided access to all cancer clinical trials, as one of the earlier speakers noted. That is much broader than Dingell-Norwood for cancer patients because Dingell-Norwood does not include FDA-approved clinical trials. Two-thirds of new cancer drug tests are FDA approved.

Do the proponents of this motion to instruct say that we should not have the broader provision that does more for cancer victims on clinical trials?

The Norwood-Dingell bill does not guarantee either pathology or laboratory services. The substitute did.

Did the proponents say we should be bound to their version and not offer pathology or laboratories services?

We created a panel to ensure network adequacy, to make sure that if a plan said they had a doctor, there were enough doctors with that specialty to actually service their patient base. Norwood-Dingell has nothing to cover network adequacy.

This motion to instruct would commit us to a plan that does not even require network adequacy, and that indeed is one of the problems noted in the Newsweek article discussed earlier.

We prohibit plans from considering FDA-approved drugs or medical devices as experimental or investigational. Norwood-Dingell does not do that.

The proponents of this motion to instruct would tie our hands and say, yes, we can take a procedure that has been approved by the FDA, a drug or a medical device; and even though it has been approved, label it experimental or investigational. The motion to instruct would tie our hands to a series of provisions that are not near as strong for patients as the substitute that was offered here on the floor.

I urge my colleagues to reject the motion to instruct.

Mr. Speaker, I reserve the balance of my time.

Mr. DINGELL. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Texas (Mr. LAMPSON).

Mr. LAMPSON. Mr. Speaker, if our colleague, the gentleman from Oklahoma (Mr. COBURN), would read the experience of Texas, he would know that

his statements about unions and lawyers is false, and he would vote yes on this motion.

Not long ago I spoke about a constituent of mine, Regina Cowles, who was diagnosed with breast cancer but was being denied payment of a treatment by her insurance company. Regina ultimately got some of the help that we wanted for her from her insurance company, but it was too little too late. I am sad to report that Regina died last week.

Regina and my own daughter, Stephanie, who was also denied coverage until a big fight reversed a decision, brought to mind the problem we have in this country with access to health care. It is one thing to keep costs down, but it cannot be done at the patient's expense. If adoption of this motion is supported, that will ensure in the conference that medical judgments will be made by medical experts.

Adoption of this motion to instruct will give people like Regina Cowles and Stephanie Lampson the health care they deserve. It is time for us to put our money where our mouth is and prove to the American people that this Congress can work together to address issues they really care about.

Mr. DINGELL. Mr. Speaker, it is a great pleasure for me to yield 4 minutes to the next speaker, the gentleman from Georgia (Mr. NORWOOD), a very distinguished, very courageous, very energetic man who has provided enormous leadership in this matter, and my good friend.

Mr. NORWOOD. Mr. Speaker, on October 7, the House passed a patient protection bill, 275 votes; and if we listened to the argument today, it is very clear to me that those who did not vote for that bill want to go into conference and have the bill that they put up that failed be the bill before conference.

The gentleman from Ohio and the gentleman from California have all made it very clear that this is not binding, though the gentleman from Arizona (Mr. SHADEGG), says, well, this is binding; but it is not and we all know that. It is not legal.

The gentleman from Tennessee stood up and said that well, this would restrict our negotiators, which is not true.

We are going to send our Members into conference, and they are going to do the best they can to work against a Senate bill that is absolutely not worth the paper it is written on. Now, that is a tall order; but we are told by the gentleman from California that this is our effort to tilt the relationship between the House and the Senate, and we are told by the gentleman from Oklahoma this is a political ploy.

Well, I will say what this really is. This is about rumors floating around from a conference that will not even allow the authors on the Republican side to be on the conference. That is

what this is all about. This is about a conference that is going to put everybody on the conference from the Republican side who voted against the bill.

Now I think we might ought to be concerned about what is going to happen in conference when we send everybody in there who voted against the bill. That is what we call tilting the relationship between the House and the Senate, and that is what we call a political ploy.

I want to thank my friend, the gentleman from Michigan (Mr. DINGELL), on the other side of the aisle, for having considered me for one of the seats on the conference committee since my own party as yet has not offered me a seat. I am grateful.

I humbly declined, as I believe my outspokenness against my own party's position in this matter might become the issue, and the committee does not need any distractions from the real issues before us, and that is protecting patients. Therefore, as I remain free to continue my outspokenness, I implore my leaders to be aware of the political reality as they seek a final course of action on this issue.

They have for the last 5 years opposed patient protections and publicly allied themselves in joint news conferences with HMO lobbyists. Under public pressure, we forced a vote on October 7. They have even refused to allow a single subcommittee vote on this legislation. This, in spite of the support by the majority of the House, and a third of the Republican caucus, the majority of patients in this country support it; the majority of doctors, the majority of hospitals, even the majority of employers.

I feel these same opponents believe they can now subvert the conference committee to produce a report repugnant to the original legislation in order to force the House of Representatives to really reject the final report. These opponents believe a multimillion dollar public relations campaign can shift that blame to the other party.

I say today that the fate of the next election is in the balance and that plan will fail. Because of their past actions and affiliations, our party has no credibility on HMO reform. All the clever commercials that money can buy will not change that fact, but that fact can and should change if our conferees act with courage to enforce the will of this House.

That is what this motion is all about. Go into the conference and fight for the position of this House. It is in perfect concert with the will of the American people. I urge my colleagues to support these instructions, to insist on full unencumbered legal accountability for HMOs; true external appeals and the protections of all Americans, all Americans, with health insurance, not just the few who need this the least. I

want both Republican and Democratic patients to win. To accomplish that, both parties need to honor the will of the people instead of the will of the lobbyists. As I recall, that is our job and that is our duty.

Mr. SHADEGG. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Louisiana (Mr. COOKSEY).

Mr. COOKSEY. Mr. Speaker, the patients and the public deserve managed care reform. The patients and the public deserve protection from the overreaching of the HMOs. For those who have a real knowledge of health care and the problems of the overreaching of HMOs, we know that we need HMO accountability. For those who have been refused health care by HMO, CEOs and HMO clerks, they know about the overreaching of the HMOs. They know that we need HMO reform.

Unfortunately, the proposed rule or the proposed motion to instruct is too restrictive and will result in no HMO reform this year. This Congress, in its wisdom, passed ERISA protections some years ago; but, as so often occurs, there was overreaching by the HMOs. So today when we vote we need to vote against this motion to instruct, because this motion to instruct again gives the appearance that, in fact, the HMOs, the lobbyists, the big insurance companies, the CEOs of the HMOs have a disproportionate amount of influence in this body.

We need to do the right thing for the public, for the patients, for the Americans who are under HMO health care.

Mr. DINGELL. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Missouri (Mr. GEPHARDT), the leader of the minority, and my good friend.

Mr. GEPHARDT. Mr. Speaker, I urge a vote for this motion to instruct. The issue that we are dealing with here is not a political issue. It is not a partisan issue, and it is not a party issue. After we passed a very strong and good bipartisan Patients' Bill of Rights here a few weeks ago, I had people come up to me in my district, people that I saw around the country and they came up to me and they said, finally the Congress, the House, has stood against the special interests and done what is good for patients, what is good for doctors, what is good for people. I want to urge us to keep that effort going and to realize it in this conference.

Too often we have seen strong bipartisan measures be watered down to kill the real intent of legislation. We cannot let the bipartisan Patients' Bill of Rights fall prey to a back-door attempt to derail meaningful reform.

The Senate bill does not measure up. We need to get a final report that looks more like the House bill and contains the solid protections that it contains.

The Senate bill fails to ensure that medical judgments are made by doctors and patients, in consultation with



their patients. The medical relationship that is important here is what goes on between doctors and patients. They are the ones that should make the decisions about medical care, not some bureaucrat thousands of miles away who is looking at the bottom line and not what is good for that patient.

The Senate bill fails to allow patients to see an outside specialist, at no additional cost, when their specialist in the health plan fails to meet their needs.

The House bill allows patients to do that. The Senate bill fails to hold managed care plans accountable when their decisions to withhold or limit care injure patients. The House bill holds plans accountable.

If doctors are accountable, the people that are making half the decisions ought to be accountable. How can we have a system that says doctors are accountable for the decisions they make, but we let the bureaucrats in the health plans that are just looking at the bottom line and profit totally unaccountable for the decisions they make?

The Senate bill applies only to 48 million people in private employment-based plans, where the employer self-insures. The House bill applies to all people with employment-based insurance, as well as people who buy insurance on their own.

We have to get to work on this. It has been 4 weeks since we passed the bill here. We are going toward a recess where nothing can get done. Let me say what I have said before. If someone is in a health care plan and they need something that their doctor says they need and their life is on the line today, they need this bill now. They do not need to wait until next spring or next summer or next fall or not at all.

If a loved one in their family is waiting to be able to get the right decision out of a health care plan that could save their life, they need this bill now.

I urge the leaders of the Congress in the House and in the Senate to get this conference going, to get a bill that is more like the House bill than the Senate bill, and to get it done in the next 2 weeks before we leave this Congress. We owe that to the patients and the doctors and the medical professionals in this country. We can have a better health care system in this country, and this bill will go a long way toward doing it.

I commend the physicians in this Congress in both parties who have stood tall for doing the right thing. God bless them for standing for their beliefs and their patients.

□ 1200

Mr. SHADEGG. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Ohio (Mr. BOEHNER).

Mr. BOEHNER. Mr. Speaker, as I said earlier, this is not about a binding res-

olution, this is about having a political debate. The gentleman from Missouri (Mr. GEPHARDT), the minority leader, who just spoke realizes that the other body has a very different bill. In the legislative process, our jobs are to come to some consensus with the other body, some consensus that is good for the American people.

Now, there is not a bill that came to this floor that did not provide for more accountability for those in managed care. There is not a bill that came to this floor that did not provide for more physicians' judgments in controlling the treatments that the patient was going to get.

We all want more accountability. But we have got to do it in a way that will not drive millions of people into the ranks of the uninsured. I think all of my colleagues know that I believe that we can have more accountability without introducing unending and open-ended litigation into the process. Bringing trial lawyers and frivolous lawsuits into health care will do nothing more than drive up the cost and drive down access.

We all know that today about 125 million Americans get their insurance through their employer. I realize that some want to change that. But today that is, in fact, the system. Every employee will tell us the number one benefit that they get from their employer is their health benefit. Why did we want to jeopardize the ability of employers to provide this benefit to their employees by opening up the health care system to an open-ended liability?

Now, there is a great concern about the liability portion of the bill passed by this House, that in fact many employers will not open themselves up to that liability and will begin dropping coverage for their employees. Is that really what the House wants to do? I think what we need to do is to go to conference with the Senate and to find the right consensus for the American people.

Mr. DINGELL. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Tennessee (Mr. FORD).

Mr. FORD. Mr. Speaker, let us be honest here. The gentleman from Ohio (Mr. BOEHNER) said this is a political discussion. It is. What we do is deal with politics, and we have many of those on this floor. We flew back here Monday evening, not to vote on a budget, but to vote on a few political suspension matters. So let us be honest with what we are doing.

The reality is my colleagues refuse to appoint the two folks in this House who, in many ways, personify and embody this issue for all America, not just Democrats, not just Republicans.

We have another body on the other side that some of my colleagues on this side are essentially doing the bad work for, doing the homework for. They do not want campaign finance. They do

not want managed care reform. They figure out the procedural games to play, and we figure it out on this side.

We just had elections around the Nation yesterday in many localities, and congratulations to the winners throughout the Nation. Imagine having an election and the voters selecting someone, then the party leaders and the bosses in the party say, well, the people want this person; but this other fellow, he pretty much agrees with this guy on about 70, 80 percent of the stuff he wants, so the party leaders, we are going to pick the other guy even though the people want the guy that won.

We passed an HMO reform bill here in this House of Representatives. I know the money chase is on. I know the Senate in their leadership may want certain things. But allow the will of this House to be heard in the conference. Allow the conferees, the gentleman from Iowa (Mr. GANSKE) and the gentleman from Georgia (Mr. NORWOOD) to represent us. Allow the will of the people to be heard, not HMO bosses. I ask this House to support the motion to instruct conferees.

Mr. SHADEGG. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. DOOLITTLE).

Mr. DOOLITTLE. Mr. Speaker, this is obviously an issue of great importance to the body, and I have great affection and esteem for the authors of the competing proposal.

I think it is quite clear that we need some type of health care reform. What we need to decide upon is what is something we can agree upon between the two bodies and that can be signed by the President and become law.

The Dingell-Norwood is not a perfect bill. Most bills here are not perfect; I will stipulate to that. I do not think we want to tie the hands of our conferees as they go in trying to produce a product that is acceptable to everyone.

I would just point out, and I know it has been pointed out before by the author of the substitute, but I just want to reemphasize this, that the substitute, for example, allows access to ambulance services. The substitute has external appeal time lines that are shorter to allow expedited review.

The substitute provides access to all cancer clinical trials. That provision is much broader than Dingell-Norwood for cancer patients because the Dingell-Norwood bill does not include FDA approved clinical trials.

I urge my colleagues to vote no on this motion.

Mr. DINGELL. Mr. Speaker, how much time remains?

The SPEAKER pro tempore (Mr. KOLBE). The gentleman from Michigan (Mr. DINGELL) has 4¼ minutes remaining. The gentleman from Arizona (Mr. SHADEGG) has 4¼ minutes remaining.

Mr. DINGELL. Mr. Speaker, I yield to myself 1 minute.



Mr. Speaker, I want to express great pleasure at the way that this debate has been conducted. I also want to point out that we are now talking about what our conferees are going to do for the House as a part of their duties.

The traditions of the House say that the conferees should be appointed by the Speaker, and the rules say so, too, to carry out the purposes of the House bill and to be supporters of the House bill.

The traditions of the House say that the conferees should be supporters of the House bill. Quite honestly, 275 of our Members say that they should be the supporters of the House bill, as do millions of Americans in all walks of life say that we should be supporting the House bill, because that is the bill that the people want.

Having said these things, we do not know who the conferees are going to be. We do not know what the Senate is going to do. But we can be pretty assured, on the basis of what we have seen, that we may not see either the gentleman from Georgia (Mr. NORWOOD) or the gentleman from Iowa (Mr. GANSKE) or any of the other supporters on the Republican side being named as conferees on this bill.

If that is true, it will tell us at the time we vote that we desperately have needed this bill. It is necessary that we should have had the instructions that we are now seeking to give to enable us to see that the conferees carry out the will of the House.

Mr. SHADEGG. Mr. Speaker, I understand the gentleman from Michigan (Mr. DINGELL) has the right to close.

The SPEAKER pro tempore. That is correct.

Mr. SHADEGG. Mr. Speaker, I yield to myself the balance of the time remaining.

Mr. Speaker, I think this is a critically important debate. It is a debate that is reflected on thoughtful concerns across America, as pointed out in this week's edition of Newsweek, which talks about this issue about patients' rights. But we really are engaged in very much of a political discussion of what ought to occur from here forward.

There is, indeed, no question but that the gentleman from Iowa (Mr. GANSKE) and the gentleman from Georgia (Mr. NORWOOD) deserve credit for their hard work on this issue. Indeed, I would suggest quite clearly that of the two major bills before this House, they were written by four people, the gentleman from Iowa (Mr. GANSKE), the gentleman from Georgia (Mr. NORWOOD), the gentleman from Oklahoma (Mr. COBURN), and myself. That is true of the bill on the other side, the Norwood-Dingell bill, and it is also true of the substitute which got the most votes on this side.

I would also point out that there has been much made of the fact that per-

haps some of the conferees will not have voted for the bill that passed the House. The bill that actually is in conference is H.R. 2990, and I believe every single one of the Republican conferees voted for H.R. 2990.

Now, it is true that many of the conferees may not have voted for Dingell-Norwood, and I understand the concerns of those who have expressed that reservation, their belief that, indeed, there perhaps should be more Members on the conference committee who did vote for Dingell-Norwood.

I do not know the full context of the conference committee, but I can tell my colleagues this, I for one am committed to the concept behind the major distinguishing point between Dingell-Norwood and the substitute; and that is that HMOs must be held accountable.

But please make it clear that this debate is vitally important, and it is a political debate. It is a debate about whether we do something for the patients of America or whether we do nothing.

The minority leader spoke about keeping the process moving forward. I urge every one in this House to work hard to keep the process moving forward, and I agree with him on that. But passing this motion to instruct, passing this set of instructions, announcing today that we are unwilling to compromise on anything but that which is in Norwood-Dingell would be a tragic mistake, because if we abide by that position, make no mistake about it, if we adopt Norwood-Dingell and Norwood-Dingell only, there will be no health care reform for this country arising out of this bill this year or next year, because that bill cannot pass and will not pass because of its extreme positions on the issue of liability.

Now, its health care provisions, quite frankly, are not quite as good as ours, but they are very close. But the issue here, the fundamental question here is that we must come to a compromise.

My colleagues on the other side of the aisle and the President have announced they want to do absolutely nothing about access to insurance for the uninsured and absolutely nothing about the cost of insurance and absolutely nothing about choice for those who have insurance, because their bill, Dingell-Norwood, did nothing for access, it did nothing for choice, it did nothing for cost. I say that we must move them on that issue. They must compromise, or we will not help the American people.

My other colleagues on the other side who say immunity works, we should leave the HMOs absolutely immune when they injure or kill somebody, I suggest to them that if we take that stand, then, indeed, there will be no legislation this year to help the American people.

This is too critical a moment in time, vastly too important for the lives

of the American people for us to sit on our hands and take either an extreme position on that side in which we do nothing about access, nothing about choice, nothing about affordability, or an extreme position which says we do nothing about making health care plans accountable.

This is a critically important moment in time, and the proponents of this motion to instruct would have us pass it by. They would save this issue for a political fight in the next election campaign. I believe that would be a tragic mistake.

What must happen in this conference committee is that the Senate must move, because its bill is inadequate; and what must happen in the conference committee is that the House must move, because we do not get good legislation for the American people if we do not compromise.

I believe that this motion to instruct, which would leave us bound to one position and one position only and would abandon the notion of compromise, would be a tragic mistake for the American people for that reason.

I urge my colleagues to give the conferees the option to compromise on good legislation so we can pass and enact health care reform this year.

Mr. DINGELL. Mr. Speaker, I yield 3¼ minutes, the balance of the time, to the distinguished gentleman from Arkansas (Mr. BERRY) for purposes of closing.

Mr. BERRY. Mr. Speaker, it is absolutely amazing that 275 Members of the House of Representatives voted for the worst bill. I rise in support of this motion to instruct conferees.

I do agree with the gentleman from Oklahoma who referred to the distinguished gentleman from Michigan (Mr. DINGELL) as a politician. But I would add to that that he is also a great statesman, along with the distinguished gentleman from Georgia (Mr. NORWOOD) and the distinguished gentleman from Iowa (Mr. GANSKE). It is an unbelievable miscarriage of the will of this House that they would not be conferees on this conference committee.

When my colleagues and I brought this legislation to the Committee on Rules, we brought it with a manager's amendment that would have allowed the bill to be paid for. We did so because all of us are concerned about the budgetary impacts of policies that are not paid for. Unfortunately, the Committee on Rules did not allow our bill to be paid for, and even worse added on a \$48 billion tax package that was not paid for.

This motion to instruct conferees requires the conference committee to find a way to pay for the compromised legislation.

Given the fact that some in Congress voted just last week to borrow more from the Social Security Trust Fund,

given the fact that the nonpartisan Congressional Budget Office has certified that some in Congress have already dipped into the Social Security Trust Fund by 17 billion more dollars, given the fact that none of us want to spend what belongs to Social Security, I urge my colleagues to support this motion.

Our job is to get the best deal we can for the American people. We should follow the will of this House. The gentleman from Iowa (Mr. GANSKE) and the gentleman from Georgia (Mr. NORWOOD) should be conferees.

If my colleagues care about Social Security, and if my colleagues care about HMO reform, and if my colleagues care about the American people getting a good deal, being treated fairly, and having access to good health care under their HMOs, I urge my colleagues to support this motion.

Mr. CLAY. Mr. Speaker, I rise in support of the motion to instruct conferees regarding the bipartisan consensus Managed Care Improvement Act.

Since this bill passed overwhelmingly almost one month ago, the Republican leadership has delayed the appointment of conferees, thereby generating concern that it was seeking to either kill the bill by running out the clock, or undermine the strong support for patient protections and enforcement reflected by the House vote.

Because of this, the Members of this body need to once again send a strong message that Americans want the freedom to choose their health care providers, to have treatment decisions made by physicians and not insurance company bureaucrats, and to hold insurance companies responsible for the injuries they cause.

In addition, Mr. Speaker, the Republican leadership blocked the addition of offsets to the Norwood-Dingell bill when it was on the floor, and pushed through a so-called "access" bill loaded with tax breaks that were not paid for. The motion appropriately instructs our managers to insist on fiscal responsibility and produce managed care reform legislation that does not tap into the surplus.

Mr. STARK. Mr. Speaker, I am pleased that we will finally be going to conference for managed care reform. We passed this bill nearly a month ago and I don't understand why it has taken so long to get this point.

My hunch is that the main reason is that by holding this motion to go to conference until this late date, the Republican leadership will be able to delay any actual convening of the conference until the next Congress. Nonetheless, this action is an important step forward in our continued effort to protect consumers in managed care plans.

Last month, the U.S. House of Representatives passed H.R. 2723, The Bipartisan Consensus Managed Care Reform Act, by a decisive bipartisan margin of 275–151. That same day, the House soundly rejected three other

more limited approaches to managed care reform.

The House bill is much stronger than its Senate counterpart. It applies to all private health plans unlike the Senate bill which is mostly limited to the 40 million Americans in self-insured plans. The external appeal provisions in the House bill are much stronger. And, most importantly, the House bill also includes health plan liability—a provision sorely lacking in the Senate version of the legislation.

Health plan liability is a vital component of meaningful managed care reform. Only the threat of legal consequences will be strong enough to ensure the enforcement of these managed care consumer protections. It must be included in the final bill approved by Congress or we will have failed in our duty to protect consumers in managed care plans.

To that end, the Conference should report a bill that closely mirrors that passed by the House in the form of H.R. 2723, The Bipartisan Consensus Managed Care Reform Act.

It is also important that the final product be paid for. During the House consideration of the legislation, the sponsors of H.R. 2723 went to the Rules Committee to bring the bill to the House floor fully financed. We were forbidden by the Republican leadership from bringing our bill to the floor fully paid for—and likewise prevented from offering an amendment on the floor that provided such funding. The conference must rectify that problem. We have offsets for the costs—they must be included in the final product.

The Republican leadership also played games by adding a number of costly tax provisions to the package which they billed as new "access" provisions. In fact, there is precious little evidence that those provisions would expand insurance coverage. Instead, there is definite Congressional Budget Office evidence that those provisions would cost the taxpayers some \$48 billion over the next ten years. The Conference should drop these provisions which do nothing to expand coverage and therefore needlessly increase the federal price tag of this otherwise very affordable, sensible legislation.

As a Conferee, you can be sure that this will be my agenda: the final product should closely mirror H.R. 2723, it should be fully financed, and the costly, ineffective provisions of H.R. 2990 should be dropped. I hope that is an agenda we can all pursue.

Managed care reform should no longer be a partisan issue. The bill passed by this House was a consensus package with broad-based bipartisan support within the House and the support of more than 300 organizations representing consumers, doctors, nurses, other health care providers, public health advocates. Let's take our consensus bill and make it law. I look forward to working with my colleagues to achieve this important goal. Let's get to work.

#### GENERAL LEAVE

Mr. DINGELL. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on this motion to instruct.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

Mr. DINGELL. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. All time for debate has expired.

Without objection, the previous question is ordered on the motion to instruct.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from Michigan (Mr. DINGELL).

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. SHADEGG. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 257, nays 167, not voting 9, as follows:

[Roll No. 558]

YEAS—257

Abercrombie	Delahunt	Jenkins
Ackerman	DeLauro	John
Allen	Deutsch	Johnson (CT)
Andrews	Diaz-Balart	Johnson, E. B.
Bachus	Dicks	Jones (NC)
Baird	Dingell	Jones (OH)
Baldacci	Dixon	Kanjorski
Baldwin	Doggett	Kaptur
Barcia	Dooley	Kennedy
Barr	Doyle	Kildee
Barrett (WI)	Duncan	Kilpatrick
Becerra	Edwards	Kind (WI)
Bentsen	Emerson	King (NY)
Berkley	Engel	Klecza
Berry	Eshoo	Klink
Bilbray	Etheridge	Kucinich
Bishop	Evans	LaFalce
Blagojevich	Farr	Lampson
Blumenauer	Fattah	Lantos
Boehlert	Filner	Larson
Bonior	Foley	LaTourette
Bono	Forbes	Leach
Borski	Ford	Lee
Boswell	Frank (MA)	Levin
Boucher	Franks (NJ)	Lewis (GA)
Boyd	Frelinghuysen	Lipinski
Brady (PA)	Frost	LoBiondo
Brady (TX)	Ganske	Loftgren
Brown (FL)	Gejdenson	Lowey
Brown (OH)	Gephardt	Lucas (KY)
Capps	Gibbons	Luther
Capuano	Gilchrest	Maloney (CT)
Cardin	Gilman	Maloney (NY)
Carson	Gonzalez	Markey
Castle	Gordon	Martinez
Chambliss	Graham	Mascara
Clay	Green (TX)	Matsui
Clayton	Gutierrez	McCarthy (MO)
Clement	Hall (OH)	McCarthy (NY)
Clyburn	Hall (TX)	McCollum
Coble	Hastings (FL)	McDermott
Condit	Hill (IN)	McGovern
Conyers	Hilliard	McHugh
Cook	Hinchey	McIntyre
Cooksey	Hinojosa	McKinney
Costello	Hoefel	McNulty
Coyne	Holden	Meehan
Cramer	Holt	Meek (FL)
Crowley	Hooley	Meeks (NY)
Cummings	Horn	Menendez
Danner	Hoyer	Millender-
Davis (FL)	Hunter	McDonald
Davis (IL)	Hyde	Miller, George
Davis (VA)	Inslee	Minge
DeFazio	Jackson (IL)	Mink
DeGette	Jefferson	Moakley

Mollohan  
Moore  
Moran (VA)  
Morella  
Nadler  
Napolitano  
Neal  
Norwood  
Oberstar  
Obey  
Oliver  
Ortiz  
Owens  
Pallone  
Pascarell  
Pastor  
Payne  
Pelosi  
Phelps  
Pickett  
Pomeroy  
Porter  
Price (NC)  
Quinn  
Rahall  
Rangel  
Reyes  
Reynolds  
Rivers  
Rodriguez

Roemer  
Ros-Lehtinen  
Rothman  
Roukema  
Roybal-Allard  
Sabo  
Sanchez  
Sanders  
Sandlin  
Saxton  
Schakowsky  
Scott  
Serrano  
Shaw  
Shays  
Sherman  
Shows  
Sisisky  
Skeltton  
Slaughter  
Smith (NJ)  
Smith (WA)  
Snyder  
Spratt  
Stabenow  
Stark  
Stenholm  
Strickland  
Stupak  
Tanner

Tauscher  
Taylor (MS)  
Thompson (CA)  
Thompson (MS)  
Thurman  
Tierney  
Towns  
Traficant  
Turner  
Udall (CO)  
Udall (NM)  
Velazquez  
Vento  
Visclosky  
Walsh  
Waters  
Watt (NC)  
Waxman  
Weiner  
Weldon (FL)  
Weller  
Wexler  
Weygand  
Wise  
Wolf  
Woolsey  
Wu  
Wynn  
Young (AK)  
Young (FL)

## NAYS—167

Aderholt  
Archer  
Armey  
Baker  
Ballenger  
Barrett (NE)  
Bartlett  
Barton  
Bass  
Bateman  
Biggert  
Bilirakis  
Bliley  
Blunt  
Boehner  
Bonilla  
Bryant  
Burr  
Burton  
Buyer  
Callahan  
Calvert  
Camp  
Campbell  
Canady  
Cannon  
Chabot  
Chenoweth-Hage  
Coburn  
Collins  
Combest  
Cox  
Crane  
Cubin  
Cunningham  
Deal  
DeLay  
DeMint  
Dickey  
Doolittle  
Dreier  
Dunn  
Ehlers  
Ehrlich  
English  
Everett  
Ewing  
Fletcher  
Fossella  
Fowler  
Gallegly  
Gekas  
Gillmor  
Goode  
Goodlatte  
Goodling

Goss  
Granger  
Green (WI)  
Greenwood  
Gutknecht  
Hansen  
Hastings (WA)  
Hayes  
Hayworth  
Hefley  
Herger  
Hill (MT)  
Hilleary  
Hobson  
Hoekstra  
Hostettler  
Houghton  
Hutchinson  
Isakson  
Istook  
Johnson, Sam  
Kasich  
Kelly  
Kingston  
Knollenberg  
Kolbe  
Kuykendall  
LaHood  
Largent  
Latham  
Lazio  
Lewis (CA)  
Lewis (KY)  
Linder  
Lucas (OK)  
Manzullo  
McCrery  
McInnis  
McIntosh  
McKeon  
Metcalf  
Mica  
Miller (FL)  
Miller, Gary  
Moran (KS)  
Myrick  
Nethercutt  
Ney  
Northup  
Nussle  
Ose  
Oxley  
Packard  
Paul  
Pease  
Peterson (MN)

Peterson (PA)  
Petri  
Pickering  
Pitts  
Pombo  
Portman  
Pryce (OH)  
Radanovich  
Ramstad  
Regula  
Riley  
Rogan  
Rogers  
Rohrabacher  
Royce  
Ryan (WI)  
Ryun (KS)  
Salmon  
Sanford  
Schaffer  
Sensenbrenner  
Sessions  
Shadegg  
Sherwood  
Shimkus  
Shuster  
Simpson  
Skeen  
Smith (MI)  
Smith (TX)  
Souder  
Spence  
Stearns  
Stump  
Sununu  
Sweeney  
Talent  
Tancredo  
Tauzin  
Taylor (NC)  
Terry  
Thomas  
Thornberry  
Thune  
Tiahrt  
Toomey  
Upton  
Vitter  
Walden  
Wamp  
Watkins  
Watts (OK)  
Whitfield  
Wicker  
Wilson

## NOT VOTING—9

Bereuter  
Berman  
Hulshof

Jackson-Lee  
(TX)  
Murtha  
Rush

Sawyer  
Scarborough  
Weldon (PA)

□ 1236

Mrs. CUBIN, and Messrs. SKEEN, BURTON of Indiana, BASS, and LEWIS of California changed their vote from "yea" to "nay."

Messrs. STUPAK, OWENS, JENKINS, and Ms. MCKINNEY changed their vote from "nay" to "yea."

So the motion was agreed to.

The result of the vote was announced as above recorded.

#### NOTIFICATION OF INTENTION TO OFFER RESOLUTION RAISING QUESTION OF PRIVILEGES OF THE HOUSE

Mr. DOYLE. Mr. Speaker, pursuant to clause 2(a)(1) of rule IX, I rise to give notice of my intent to present a question of privileges of the House.

The form of the resolution is as follows:

Calling on the President to abstain from renegotiating international agreements governing antidumping and countervailing measures.

Whereas under Art. I, Section 8 of the Constitution, the Congress has power and responsibility with regard to foreign commerce and the conduct of international trade negotiations;

Whereas the House of Representatives is deeply concerned that, in connection with the World Trade Organization ("WTO") Ministerial meeting to be held in Seattle, Washington, and the multilateral trade negotiations expected to follow, a few countries are seeking to circumvent the agreed list of negotiations topics and reopen debate over the WTO's antidumping and antisubsidy rules;

Whereas the Congress has not approved new negotiations on antidumping or antisubsidy rules and has clearly, but so far informally, signaled its opposition to such negotiations;

Whereas strong antidumping and antisubsidy rules are a cornerstone of the liberal trade policy of the United States and are essential to the health of the manufacturing and farm sectors in the United States;

Whereas it has long been and remains the policy of the United States to support its antidumping and antisubsidy laws and to defend those laws in international negotiations;

Whereas an important part of Congress' participation in the formulation of trade policy is the enactment of official negotiating objectives against which completed agreements can be measured when presented for ratification;

Whereas the current absence of official negotiating objectives on the statute books must not be allowed to undermine the Congress' constitutional role in charting the direction of United States trade policy;

Whereas, under present circumstances, launching a negotiation that includes antidumping and antisubsidy issues would effect the rights of the House and the integrity of its proceedings;

Whereas the WTO antidumping and antisubsidy rules concluded in the Uruguay Round has scarcely been tested since they entered into effect and certainly have not proved defective;

Whereas opening these rules to renegotiation could only lead to weakening them, which would in turn lead to even greater abuse of the world's open markets, particularly that of the United States;

Whereas conversely, avoiding another divisive fight over these rules is the best way to promote progress on the other, far more important, issues facing WTO members; and

Whereas it is therefore essential that negotiations on these antidumping and antisubsidy matters not be reopened under the auspices of the WTO or otherwise: Now, therefore, be it

*Resolved*, That the House of Representatives calls upon the President—

(1) not to participate in any international negotiations in which antidumping or antisubsidy rules are part of the negotiating agenda;

(2) to refrain from submitting for congressional approval agreements that require changes to the current antidumping and countervailing duty laws and enforcement policies of the United States; and

(3) to enforce the antidumping and countervailing duty laws vigorously in all pending and future cases.

The SPEAKER pro tempore (Mr. KOLBE). Under rule IX, a resolution that is offered from the floor by a Member other than the majority leader or the minority leader as a question of the privileges of the House has immediate precedence only at a time designated by the Chair within 2 legislative days after the resolution is properly noticed.

Pending that designation, the form of the resolution noticed by the gentleman from Pennsylvania (Mr. DOYLE) will appear in the RECORD at this point.

The Chair does not at this point determine whether or not the resolution constitutes a question of privilege. That determination will be made at the time designated for consideration of the resolution.

Mr. DOYLE. Mr. Speaker, I ask to be heard, at the appropriate time, on the question of whether this resolution constitutes a question of privilege.

The SPEAKER pro tempore. The gentleman from Pennsylvania (Mr. DOYLE) will be notified at that time.

#### NOTIFICATION OF INTENTION TO OFFER RESOLUTION RAISING QUESTION OF PRIVILEGES OF THE HOUSE

Mr. KLINK. Mr. Speaker, pursuant to clause 2(a)(1) of House Rule IX, I rise to give notice of my intent to present a question of privileges of the House.

The form of the resolution is as follows:

Calling on the President to abstain from renegotiating international agreements governing antidumping and countervailing measures.

Whereas under Art. I, Section 8 of the Constitution, the Congress has power and responsibility with regard to foreign commerce and the conduct of international trade negotiations;

Whereas the House of Representatives is deeply concerned that, in connection with the World Trade Organization ("WTO") Ministerial meeting to be held in Seattle, Washington, and the multilateral trade negotiations expected to follow, a few countries are seeking to circumvent the agreed list of negotiation topics and reopen debate over the WTO's antidumping and antisubsidy rules;